

**081-WY8-1010**  
**Administer Immunotherapy to Allergy/Immunology Patients**  
**Status: Approved**

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**Security Classification:** U - Unclassified

**Distribution Restriction:** Approved for public release; distribution is unlimited.

**Destruction Notice:** None

**Foreign Disclosure: FD1** - This training product has been reviewed by the training developers in coordination with the Joint Base San Antonio, Fort Sam Houston/US Army Medical Center of Excellence foreign disclosure officer. This training product can be used to instruct international military students from all approved countries without restrictions.

**Conditions:**

As a health care specialist, you have a patient that needs aeroallergens or venom therapy injections. You will need to administer immunotherapy to allergy/immunology treatment. You will need an isopropyl alcohol impregnate gauze, needle, hypodermic syringe, gloves, patient examining and treatment records, calendar board, pen, Standard Form (SF) 559, Medical Record-Allergen Extract Prescription- New and Refill, Department of Defense (DD) 2482, Venom Extract Prescription and any other supporting product. This task should not be trained in MOPP 4.

**Standards:** Administer immunotherapy to allergy/immunology treatment to a patient, with 100% compliant, while utilizing the GO & NO-GO criteria, In Accordance With (IAW) AR 40-66, Medical Record Administration and Health Care Documentation.

**Special Conditions:** None

**Safety Risk:** Low

**MOPP 4:** Never

Task Statements
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**Cue:** None

<b>DANGER</b>
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None
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<b>WARNING</b>
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None
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<b>CAUTION</b>
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None
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**Remarks:** None

**Notes:** For non-APD references contact your training NCO and or check with the MOS library.

## Performance Steps

1. Identify patient.
2. Screen the patient questionnaire and patient records (SF 559, DD Form 2482, or equivalent documents) for--
  - a. Recent illnesses and other related health issues.
  - b. Past allergic reactions/problems with last allergy shot.
  - c. New medications and/or beta blockers.
  - d. Pregnancy.
  - e. Informed consent.

### CAUTION

Consult the physician if any of the above screening issues are noted. The shot may not be given or the schedule will have to be adjusted based on the allergic response of the last allergy shot.

3. Check peak flow, if appropriate.
4. Provide education related to the allergy shot, anaphylactic reactions.

Note: If the patient or family has questions regarding the information they have received, clarify questions or refer them to the appropriate resources, e.g. websites, hotlines, allergist, or nurse educators. It is recommended that new allergy shot patients participate in an allergy shot class or complete an educational session to address their concerns before the first shot is given.
5. Check patient immunotherapy prescription and medical records.
  - a. Determine shot authorization (SF 559, DD Form 2482, or equivalent documents).
    - (1) Prescription accompanying extracts to be given.
    - (2) Informed consent signed by patient or guardian.
  - b. Determine if the prescribed schedule can be followed.
    - (1) Check for adequate time lapse or too much time based on the prescribed schedule. Follow the prescription (SF 559, DD Form 2482, or equivalent documents) guidelines for dose administration for time lapse.
    - (2) Review allergy shot records and note any reactions to the last allergy shot. Make adjustments to the dose schedule as needed.
  - c. Consult a supervising provider for new or first visit immunotherapy patients.

Note: All new prescriptions and orders must be reviewed for adequate and complete information.
6. Compare the prescription and extract antigen available.
  - a. Retrieve the extract from the refrigerator.

Note: Store all extracts (freeze-dried and reconstituted) at 2-8 degrees Celsius (36-45 degrees Fahrenheit).
  - b. Check the extract label - antigen type, patient name, prescription number, vial number, color code, concentration strength, and date of last dose. Check color, consistency, proper storage temperature, and expiration date of extract.

## CAUTION

Do not give the extract and consult the physician if inappropriate label, prescription, or vial contents are noted. If a weaker strength or dose is necessary, refer to task 081-WY8-2016.

c. Calculate the dosage to be given. (Confirm calculations and schedule with another nurse or tech (double check) if this is a newly acquired skill).

7. Prepare for the injection.

a. Gather equipment and supplies.

(1) 1 ml syringe.

(2) 25-27 gauge, 1/2 inch needles.

(3) Sharps container.

(4) Alcohol pads.

(5) 2x2 nonsterile gauzes.

b. Assemble the needles and syringes for the number of injections being given.

c. Wash or sanitize hands.

d. Wipe the top of the extract vial with an alcohol pad before injecting the needle to draw up the extract.

e. Draw up the required extract, based on the calculated dose, into the syringe.

Note: If the patient's chart calls for split doses, determine the total dose and divide it into two syringes of equal amounts.

## CAUTION

This can be a dangerous procedure, so use extreme caution.

f. Remove the syringe from the vial.

g. Place the recapped needle and syringe next to the vial from which the extract antigen was drawn.

Note: This is essential so that the syringe containing the extract may be readily identified with the vial from which it came.

8. Administer the injection.

a. Call the patient receiving the injection(s).

b. Ask the patient to verify the information on the label, vial, and syringe-filled extract as being correct, prior to it being given.

c. Select the injection site on the upper lateral area of the arm.

d. Clean the site with alcohol gauze and allow the area to dry completely.

e. Pinch up the area.

f. Insert the prepared needle/syringe at a 45-90 degree angle into the subcutaneous tissue.

(1) Aspirate.

Note: Always check for inadvertent placement of the needle in a vein by aspirating before the injection. Do not Inject the extract if blood returns in the syringe. Remove and discard the syringe/needle unit into the sharps container. Assemble a new syringe/needle unit and draw up a new dose of the extract and repeat steps 8a-8f.

(2) Inject the antigen into the arm if no blood was noted after aspirating.

9. Remove the needle by discarding both the needle and syringe into a biohazard sharps container.

10. Perform post-injection care.

a. Apply gentle pressure with a 2x2 gauze over the site after the injection.

# WARNING

Do NOT massage the injection site. Aeroallergen and venom antigens are extremely potent. Massaging the area may cause bruising or a greater than normal local reaction. If the injected site is bleeding and the patient is not allergic to latex, a band-aid may be applied. If the patient is allergic to latex or prefers not have a band-aid, apply pressure with the gauze longer, at least until the bleeding stops.

b. Discard the gauze and any blood contaminated items into biohazard waste.

c. Ask the patient to wait in the area for at least 30 minutes.

Note: Some patients may need to wait longer, depending on the licensed provider's request or management of an allergic reaction.

d. Note the time the injection was given.

e. Instruct the patient to contact you or any medical person if they "feel different" than they felt prior to their shot.

Note: Reinforce the requirement to wait after the allergy shot injection to evaluate for allergic reactions. Patients should be told about this and other policy restrictions during their initial evaluation or during the initial education process.

11. Evaluate the patient for reactions.

a. Recognize signs and symptoms of more severe allergic reactions.

(1) Itching of the throat, nose, eyes, or skin.

(2) Flushing or redness of the skin.

(3) Hives.

(4) Sneezing, runny nose, injection of conjunctiva, or watering of the eyes.

(5) Tightness in the chest.

(6) Wheezing.

(7) Coughing.

(8) Difficulty swallowing, throat clearing, or any increase in any of the symptoms of the patient being treated. Notify the supervising or clinic provider if severe allergic reactions are noted.

# CAUTION

Patients have died from Immunotherapy due to rapidly progressive anaphylaxis. Immediate stabilization of patients with advanced cardiac life support may be required.

b. Notify the physician immediately if systemic reactions are noted and treat for anaphylaxis.

c. Recognize local reactions.

(1) Redness.

(2) Swelling.

(3) Itching at the injection site.

(a) Measure, grade, and record local reactions occurring at the injection site on SF 559, DD Form 2482, or equivalent documents.

(b) Apply corticosteroid cream to the area, if needed.

(c) Contact the supervising provider if a very large local reaction is noted.

12. Treat for all reactions (local and systemic) IAW local policy and the supervising provider.

13. Record information regarding the shot received.

a. Date and time shot was given.

b. Vial number.

c. Concentration and dosage.

d. "On Schedule" or late status.

e. Injection site location and post injection reaction(s).

f. Reaction(s) to the shot - type and category.

g. Signature of the person giving the shot.

Note: If initials are used, the Joint Commission requires a clinic log of signatures matching the initials. Additional information may be required specific to the patient, e.g. dry needles, split doses, or patient must have peak flow. Be sure to highlight this information to alert other caregivers.

14. Provide post care instructions if needed.

15. Release the patient.

(Asterisks indicates a leader performance step.)

**Evaluation Guidance:** Score each Soldier according to the performance measures in the evaluation guide. Unless otherwise stated in the task summary, the Soldier must pass all performance measures to be scored GO. If the Soldier fails any step, show what was done wrong and how to do it correctly.

**Evaluation Preparation:** You must evaluate the Soldier on their performance of this task in an operational condition related to the actual task.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Identified patient.			
2. Screened the patient questionnaire and patient records (SF 559, DD Form 2482, or equivalent documents) for			
a. Recent illnesses and other related health issues.			
b. Past allergic reactions/problems with last allergy shot.			
c. New medications and/or beta blockers.			
d. Pregnancy.			
e. Informed consent.			
3. Checked peak flow, if appropriate.			
4. Provided education related to the allergy shot, anaphylactic reactions.			
5. Checked patient immunotherapy prescription and medical records.			
6. Compared the prescription and extract antigen available.			
7. Prepared for the injection.			
8. Administered the injection.			
9. Removed the needle by discarding both the needle and syringe into a biohazard sharps container.			
10. Performed post-injection care.			
11. Evaluated the patient for reactions.			
12. Treated for all reactions (local and systemic) in accordance with local policy and the supervising provider.			
13. Recorded information regarding the shot received.			
14. Provided post care instructions, if needed.			
15. Released the patient.			

**Supporting Reference(s):**

Step Number	Reference ID	Reference Name	Required	Primary	Source Information
	DD FORM 2482	Venom Extract Prescription	Yes	No	
	AR 40-66	Medical Record Administration and Health Care Documentation	Yes	Yes	
	SF FORM 559	Medical Record-Allergen Extract Prescription, New and Refill	Yes	No	

**TADSS :** None

**Equipment Items (LIN):** None

**Materiel Items (NSN) :**

Step ID	NSN	LIN	Title	Qty
	6515-01-G12-0022		Extracts (e.g.grasses/trees, honey bees)	1
	6530-00-C07-8819		BAG BIOHAZARD	1
	6530-01-173-2269		Sharps Container, 2 Gallon	1
	6505-01-380-6573		Allergenic Extract, Wasp Venom, 10ML Vial	1
	6510-00-786-3736		Pad, Isopropyl Alcohol Impregnated, Small	1
	6510-00-058-4421		Dressing, Sterile 2 X 2 Inch 100S	1
	6515-01-338-6582		Glove, Patient Examining and Treatment, Large, Prepowdered, Ambidextrous	1
	6515-00-982-4206		SYRINGE,HYPODERMIC	1
	6515-00-754-2837		Needle, Hypodermic, C13A, General Purpose, 26 Gage, 1/2 Inch Long, Luer Lock, Regular, Sterile	1
	7520-00-935-7135		Pen, Ball-Point 12S	1
	7510-00-789-2455		Calendar Board, Wall, 29-5/8 Inches Long, 12-1/4 Inches Wide	1
2.	6510-00-786-3736		Pad, Isopropyl Alcohol Impregnated, Small	1
2.	6510-00-058-4421		Dressing, Sterile 2 X 2 Inch 100S	1
2.	6515-01-338-6582		Glove, Patient Examining and Treatment, Large, Prepowdered, Ambidextrous	1
2.	6515-00-982-4206		SYRINGE,HYPODERMIC	1
2.	6515-00-754-2837		Needle, Hypodermic, C13A, General Purpose, 26 Gage, 1/2 Inch Long, Luer Lock, Regular, Sterile	1
2.	7520-00-935-7135		Pen, Ball-Point 12S	1
2.	7510-00-789-2455		Calendar Board, Wall, 29-5/8 Inches Long, 12-1/4 Inches Wide	1

**Environment:** Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to the current Environmental Considerations manual and the current GTA Environmental-related Risk Assessment card.

**Safety:** In a training environment, leaders must perform a risk assessment in accordance with current Risk Management Doctrine. Leaders will complete the current Deliberate Risk Assessment Worksheet in accordance with the TRADOC Safety Officer during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW current CBRN doctrine.

**Prerequisite Individual Tasks :** None

**Supporting Individual Tasks :** None

**Supported Individual Tasks :** None

**Supported Collective Tasks :** None

**Knowledges :**

Knowledge ID	Knowledge Name
081-LD-CMN-0014	Knowledge of how to administer atropine injection.
081-VC-68T-KN0067	Authorized injection sites.

**Skills :**

Skill ID	Skill Name
081-SP-91Q-SK07	Access patient database to update allergy information

**ICTL Data :** None